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Mailed: August 25, 2003

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Dear Sir or Madam:

Please file the following enclosed patent application papers:

Applicant Name: ANDREW H. BOROM

Title: ATTACHABLE SURGICAL TABLE

X Specification, Claims, and Abstract: Nr. of Sheets: 19

X Drawings: Nr. of Sheets Enclosed: Formal: 12

X Declaration: The declaration will be forwarded shortly.

X Check for \$375 for filing fee (not more than three independent claims and twenty total claims are presented).

- X Return Receipt Postcard Addressed to the undersigned attorney.
- X Fee Transmittal
- X Information Disclosure Statement of the Applicant.
- X The applicant is qualified for Small Entity status as an independent inventor under 37 CFR 1.9 (c).

Respectfully submitted

WILEY HORTON, ESOUIRE

Pennington, Moore, Wilkinson, Bell & Dunbar, P.A.

Post Office Box 10095

Tallahassee, Florida 32302-2095

(215 S. Monroe Street, 2d Floor, 32301)

850-222-3533 Fax: 850-222-2126 Reg. No. 41,851 Attorney for Applicant 10/647627

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PTO/SB/17 (08-03)
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Complete If Known

Application Number

for FY 2003 Effective 01/01/2003. Patent fees ere subject to annuel revision. Applicant claims small entity status. See 37 CFR 1.27			Filing Date		August	August 25, 2003			
			First Named Inventor			ndrew H. Borom			
			Examiner Name						
			Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 375	Attorney Docket No.).					
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
Check Credit card Money Other None		3. ADDITIONAL FEES							
Deposit Account:	Large Entity Small Entity								
Deposit Account	Fee Code	Fee e (\$)		ee \$)	Fee	Description	1	Fee Paid	
Number	1051	130	2051	65 5	Surcharge - late	filing fee or			
Deposit Account	1052	2 50	50 2052 25 Surcharge - late provisional filing cover sheet						
Name The Director is authorized to: (check all that apply)	1053	130	1053			English specification			
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812 2,	,520 F	or filing a requ	est for ex par	te reexaminetion		
Charge any additional fee(s) during the pendency of this application	1804	920*	1804 920* Requesting publication of SIR prior to Examiner action						
Charge fee(s) indicated below, except for the filing fee to the ebove-identified deposit account.	1805	1,840*	1805 1,	,840° F		lesting publication of SIR after			
FEE CALCULATION	1251	110	2251	55 I	Extension for re	eply within fire	st month		
1. BASIC FILING FEE	1252	410	2252	205	Extension for n	eply within se	cond month		
Large Entity Small Entity	1253	930	2253	465	Extension for n	eply within thi	rd month		
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,450	2254	725	Extension for n	eply within for	urth month		
1001 750 2001 375 Utility filing fee 375	1255	1,970	2255	985	Extension for n	eply within fift	h month		
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of Appe	al			
1003 520 2003 260 Plant filing fee	1402	320	2402	160 1	Filing a brief in	support of ar	appeal		
1004 750 2004 375 Reissue filing fee	1403	280	2403	140 F	Request for ora	al hearing			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451 1	1,510 F	Petition to instit	tute a public u	ise proceeding		
SUBTOTAL (1) (\$) 375	1452	110	2452	55 F	Petition to reviv	re - unavoidal	ole		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,300	2453	650 I	Petition to reviv	re - unintentic	nal		
Fee from		1,300	2501		Utility issue fee				
Total Claims	1502		2502		Design issue fe				
Independent Otto	1503		2503		Plant issue fee				
Claims ^	1460		1460		Petitions to the				
Large Entity Small Entity	1807		1807		Processing fee				
Fee Fee Fee Fee Description	1806		1806		Submission of I				
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021 40 8021					ording each patent assignment per erty (times number of properties)			
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1809	750	2809	375	Filing a submis (37 CFR 1.129)	a submission after final rejection FR 1.129(a))			
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810			ach additional invention to be lined (37 CFR 1.129(b))			
1204 84 2204 42 "Reissue independent claims over original patent	1801 750 2801 375 Request for Continued Examination (RCE)								
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802								
SUBTOTAL (2) (\$)		Other fee (specify)							
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)									
SUBMITTED BY (Complete (if applicable))									
Name (Print/Type) John Wijkey Horton Registration No. (Attomet/Acent) 41, 851						Telephone 850-222-3533			
Signature Date 08/25/2003									

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